(Fee:			37 CFR 1.136(a)	Docket Number	or (Ωntional)		
		ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
For	Application Number 10/562,086-Conf. #3235				Filed December 23, 2005		
	METHODS OF PE CYTOPENIA	RODUCING DIFFERENTIA	ATED HEMATOPOI	ETIC CELLS FO	OR TREATMENT OF		
Art Un	it 1657			Examiner	Afremova, Vera		
This is applica		provisions of 37 CFR 1.136	i(a) to extend the per	iod for filing a rep	ly in the above identifie		
The re	quested extension a	nd fee are as follows (check	time period desired	and enter the ap	propriate fee below):		
İ	[]		<u>Fee</u>	Small Entity			
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.0		
	Two months	(37 CFR 1.17(a)(2))	\$460	\$230	\$		
	Three month	s (37 CFR 1.17(a)(3))	\$1050	\$525	\$		
	Four months	(37 CFR 1.17(a)(4))	\$1640	\$820	\$		
	Five months	(37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
	Applicant claims s	mall entity status. See 37	CFR 1.27.				
Ħ	A check in the am	ount of the fee is enclosed					
H	Payment by credit	card. Form PTO-2038 is	attached				
Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account.							
x		reby authorized to charge					
		Number 04-1105 tion on this form may become information and authorization	public. Credit card in	•	e copy of this sheet. not be included on this fo		
la		icant/inventor.	1011 F 10-2038.				
		gnee of record of the entire	a interest See 37 (YED 3 71			
		Statement under 37 CFR			B/96).		
	x attor	ney or agent of record. Re	egistration Number	34,90)1		
	attor	ney or agent under 37 CF	R 1.34.				
		Registration number if acting					
(altry a. & flat, the).			December 7, 2007				
	10	Signature			Date		
_	Ka	thryn A. Piffat, Ph.D., Esq.			617) 239-0100		
	TT. 01.11	Typed or printed name			lephone Number		
	TE: Signatures of all the in n one signature is required	eventors or assignees of record of the , see below.	e entire interest or their rep	resentative(s) are requ	rired. Submit multiple forms if a		
	Total of	1 forms are sub					

12/10/2007 HDERESS2 00000044 041105 10562086

01 FC:1251

120.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM 006538835 US, on the date shown below in an envelope addressed to:

MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandra, VA_22313_450.

Dated: December 7, 2007

(Alma J. Woodberry)



PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	rea to re	respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Effective on 12/08/ Fees pursuant to the Consolidated Appropri	818).	Application Number 10/562,086-Conf. #3235					
FEE TRANS		Filing Date December 2		December 23,	, 2005		
For FY 20		First Named Inventor Peter J. Que		Peter J. Ques	senberry		
7011120		Examiner Name Afremov		Afremova, Ve	ova, Vera		
Applicant claims small entity state		Art Unit 1657					
TOTAL AMOUNT OF PAYMENT	(\$) 120.00		Attorney Docket No. 59		59441(11259)		
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card	Money Order	None	Other (please identi	fy):		
X Deposit Account Deposit Account I	Number: 04-11	05	Deposit	Account Nam	e: Edwards An	gell Palmer	& Dodge
For the above-identified depo	sit account, the Direc	ctor is I	nereby authorize	ed to: (che	ck all that apply))	
x Charge fee(s) indicated	below		Charge	e fee(s) in	dicated below, e	except for th	e filing fee
Charge any additional fee(s) under 37 CFR 1.		ents of	x Credit	any overp	ayments		
FEE CALCULATION					· · ·		
1. BASIC FILING, SEARCH, AND E							
FI FI	LING FEES Small Entity	SEA	RCH FEES Small Entity	EXAMI	NATION FEES Small Entity	3	
Application Type Fee (\$		ee (\$)	Fee (\$)	Fee (\$)		Fees P	aid (\$)
Utility 310	155	510	255	210	105		
Design 210	105	100	50	130	65		
Plant 210	105	310	155	160	80		
Reissue 310	155	510	255	620	310		
Provisional 210	105	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 2							105
Multiple dependent claims						370	185
Total Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)	<u>N</u>	luitiple Depend	ent Claims	
	* =			<u>F</u>	<u>ee (\$)</u>	Fee Paid (\$	1
HP = highest number of total claims paid for Indep. Claims Extra Claims	. •	Foo D	aid (\$)				_
Extra Claims	Fee (\$) =	reera	aiu (\$)				
HP = highest number of independent claims	paid for, if greater than 3						
3. APPLICATION SIZE FEE If the specification and drawings ex	cceed 100 sheets of r	oaner (excluding electr	onically f	iled sequence or	r computer	
listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3	the application size f	fee due	is \$260 (\$130 t)
Total Sheets Extra Sheet		-	ditional 50 or fra	ction there	of Fee (\$)	Fee F	Paid (\$)
100 =						=	
4. OTHER FEE(S) Non-English Specification, \$13	N fee (no small entity	ı disco	unt)			Fees	Paid (\$)
Other (e.g., late filing surcharge)	` '		,	rst month	<u>1</u>	12	0.00
SUBMITTED BY	. / .						
Signature Survey	a. P. lad	PRA	Registration No. (Attorney/Agent)	34,901	Telephone	(617) 239	9-0100
Name (Print/Type) Kathryn A. Piffat,	Ph.D., E 5 g.()				Date	December	7, 2007

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MS Amendment, Commissioner for Patents,	P.O. Box 1450, Alexandrig, VA 22313-1/50. //
Dated: December 7, 2007	P.O. Box 1450, Alexandria, VA 22313-1/50. Signature: (Alma J. Woodberry)